

IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS

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Medicaid to deny prescriptions for dually eligible members opting out of Medicare Part D

To ensure that the Indiana Health Coverage Programs (IHCP) does not pay expenses covered by other sources, the *Code of Federal Regulations 42 CFR 433.139* establishes Medicaid as the payer of last resort, including for those members who have both Medicare and Medicaid (dually eligible members).

Medicare Part D is the primary Medicare payer for prescription drugs, while Medicaid is billed secondarily. Providers must bill the third party first before billing Medicaid. Medicaid enrollees must take all necessary steps to receive all eligible benefits, including Medicare Part D. Medicaid has paid for some prescriptions in error for members who have elected to opt out of Medicare Part D.

Beginning May 4, 2022, Medicaid will no longer pay for prescriptions for members who have opted out of Medicare Part D (not including Part D-excluded drugs). Affected members have received written communication regarding this change. If a pharmacy provider submits a claim for an affected member, the claim will be denied with a reject code of 41 – *Submit Bill to Other Processor (Member has B/D Bill to Medicare)*.

Affected members should be encouraged to sign up for Medicare Part D as soon as possible. Options to enroll or receive assistance in understanding and enrolling can be found by:

- Calling the Indiana State Health Insurance Assistance Program (SHIP) at 800-452-4800
- Calling Medicare directly at 800-Medicare (800-633-4227)
- Contacting a trusted local insurance agent

Note: While Medicaid has paid for some of these prescriptions in error, the IHCP will not make the member or provider pay back claims that have been paid before May 4, 2022.

Members with additional questions can contact SHIP at 800-452-4800.



QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at 800-457-4584.

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